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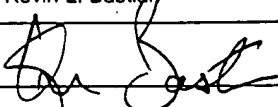
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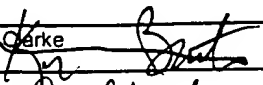
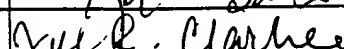
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/546,573
		Filing Date	April 10, 2000
		First Named Inventor	HOLTEN-ANDERSEN, Mads
		Group Art Unit	1643
		Examiner Name	Unassigned
Total Number of Pages in This Submission	5	Attorney Docket Number	019829000310

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Photocopy of each references cited (35); Form PTO-1449; Certificate of First Class Mailing; and Return Mail room Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm and Individual name	Townsend and Townsend and Crew LLP Kevin L. Bastian	
Signature		
Date	March 27, 2001	

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: March 27, 2001			
Typed or printed name	Jill R. Clarke 		
Signature		Date	March 27, 2001

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PATENT

☐ PROVISIONAL
☒ UTILITY

☐ DESIGN
☐ PCT

Application No.: 09/546,573

Date: July 11, 2003

Client/Matter No.: 59866.000002

Client: RIGHOSPITALET

Inventor(s): M. N. Holten-Andersen et al.

Atty/Sec.: SA/abs

Title: TISSUE INHIBITOR OF MATRIX METALLOPROTEINASES TYPE-1 (TIMP-1)
AS A CANCER MARKER

The following has been received in the U.S. Patent and Trademark
Office on the date stamped hereon:

- ☒ Amendment Transmittal Sheet, including Petition for ~~Two~~ (5) Months
Extension of Time and PTO/SB/0A Fees
- ☒ Amendment Under 37 C.F.R. § 1.116 To Paper Number 20, including Abstract
- ☒ Information Disclosure Statement
- ☒ Form PTO/SB/08A with Copies of 2 References
- ☒ Check No. 2056891 in the Amount of \$1,327.00

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HUNTON & WILLIAMS LLP
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July 10, 2003

STANISLAUS AKSMAN
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FILE NO: 59866.000002

In re Patent Application of:

Attorney Docket
No.:

59866.00002

M. N. Holten-Andersen et al.

Application No.: 09/546,573

Group Art
Unit:

1642

Filed April 10, 2000

Examiner: S. L. Rawlings, Ph.D.

Title: TISSUE INHIBITOR OF MATRIX METALLOPROTEINASES TYPE-1 (TIMP-1)
AS A CANCER MARKER

MAIL STOP AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Transmitted herewith is an amendment in the above-identified application. Fees have been calculated as shown below:

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Previously Paid For	Extra	Rate		Amount
				Large Entity	Small Entity	
Number of Claims in Excess of 20	65	47	18	\$ 18.00	\$ 9.00	\$ 162.00
Independent Claims in Excess of 3	4	9	0	\$ 84.00	\$ 42.00	\$ 0.00
First Presentation of Multiple Dependent Claims				\$ 280.00	\$ 140.00	\$ 0.00
Extension Fee:	a) One Month			\$ 110.00	\$ 55.00	\$ 0.00
	b) Two Months			\$ 410.00	\$ 205.00	\$ 0.00
	c) Three Months			\$ 930.00	\$ 465.00	\$ 0.00
	d) Four Months			\$1450.00	\$ 725.00	\$ 0.00
	e) Five Months			\$1970.00	\$ 985.00	\$ 985.00
Other: PTO/SB/08A				-0-	180.00	\$180.00
TOTAL FEE DUE						\$1,327.00

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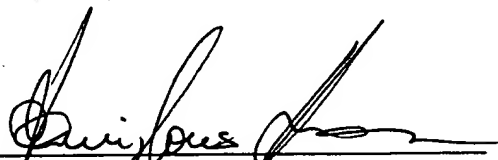
ATTY. DOCKET No. 59866.000002
Appln. Serial No. 08/546,573

☐
☒

Small Entity Status Claim:
is hereby requested.
is of record in this application.

Respectfully submitted,

By:



Stanislaus Aksman
Registration No. 28,562

SA/abs

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INV. DATE	INVOICE NO.	CLIENT/MATTER NO.	DESCRIPTION	AMOUNT
07/10/03	GV0710	59866 000002	INFORMATION DISCLOSURE STATEMENT (AFTER FINAL); FIVE-MONTH EXTENSION OF TIME; AMENDMENT AFTER FINAL FEE	1,327.00
				\$1,327.00

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